Form **990** 

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

|  |  | 2011 calendar year, or tax year  C Name of organization   | beginning 01-01-2011 and ending 12-31  | 2011   | D Employer id  | entification number  |
|--|--|---|--|--|--|--|
| _  | eck if ap<br>Iress ch  | Center for the Study of Ca  | arbon Dioxide  |  | 86-090277  | 77   |
| _  | ne char  | Doing Business As   |  |  | E Telephone n  |  |
| — <sub>Inıt</sub>  | ıal retur  | Nulliber and street (of P o   | box if mail is not delivered to street address) Roc  | m/suite  | (480)664-  |  |
| – <sub>Ter</sub>   | mınated  | PO Boy 25607  |  |  | <b>G</b> Gross receipts  | s \$ 514,338   |
| _  | ended r<br>olication   | return City or town, state or coun<br>Tempe, AZ 85282   | ntry, and ZIP + 4  |  |  |  |
|  |  | <b>F</b> Name and addres  | s of principal officer   |  | this a group retur<br>filiates?  | n for<br>□ Yes 🔽 No  |
|  |  |   |  |  |  |  |
|  |  |   |  | 1 , ,  | re all affiliates includ<br>""No" attach a list  | ded?   |
| [ Ta:  | x-exem   | npt status  | ( ) ◀ (insert no )   |  | Group exemption nu   |  |
| ı w  | ebsite   | e:► www.co2science.org  |  |  |  |  |
| <b>K</b> Forn  | n of org   | ganization 🔽 Corporation 🗀 Trust 🦳  | Association  | <b>L</b> Year o  | of formation 1998  | M State of legal domicile AZ   |
| Pa   | rt I   | Summary   |  |  |  |  |
| Activities & Governance  | 2 C<br>3 N<br>5 T  | debate that swirls around the sub<br>insight into the biological aspect:<br>enrichment and depletion experin<br>Check this box            | this endeavor, the Center attempts to sepa<br>opect of carbon dioxide and global change<br>is of this phenomenon, the Center maintain<br>ments in its Global Change Laboratory (loc<br>exation discontinued its operations or dispose<br>to governing body (Part VI, line 1a)  | In addition, to son-line instrated in its Edu  | help students and uctions on how to cation Center sectors and 25% of its net a 3 4 5   | teachers gain greater<br>conduct CO2<br>t  |
|  |  | Total number of volunteers (estin   | • •  |  | 6  |  |
|  |  |   | e from Part VIII, column (C), line 12 .  | •  | 7a   | C  |
|  | D  | ivet umerated publiless taxable II  | ncome from Form 990-T, line 34   |  | Prior Year   | Current Year   |
| el<br>e  | 8  | Contributions and grants (Part  | :VIII,line 1h)   |  | 877,417  | 518,962  |
|  |  |   | •  | -  | ,  | 1  |
| anne   | 9  | Program service revenue (Part   | VIII, line 2g)   |  | 119,072  | 5,957  |
| Revenue  | 10   | Program service revenue (Part<br>Investment income (Part VIII,  | VIII, line 2g)   |  | 119,072<br>2,685   | 5,957<br>-10,965   |
| Revenue  |  | Program service revenue (Part<br>Investment income (Part VIII,<br>Other revenue (Part VIII, colu<br>Total revenue—add lines 8 thro        | VIII, line 2g)   |  | 119,072<br>2,685<br>1,829  | 5,957<br>-10,965<br>C  |
| Revenue  | 10<br>11   | Program service revenue (Part<br>Investment income (Part VIII,<br>Other revenue (Part VIII, colu<br>Total revenue—add lines 8 thro<br>12) | VIII, line 2g)   | , line   | 119,072<br>2,685   | 5,957<br>-10,965<br>0<br>513,954   |
| Revenue  | 10<br>11<br>12   | Program service revenue (Part Investment income (Part VIII, Other revenue (Part VIII, colu Total revenue—add lines 8 thro 12)             | VIII, line 2g)   |  | 119,072<br>2,685<br>1,829<br>1,001,003   | 5,957<br>-10,965<br>0<br>513,954<br>20,000   |
|  | 10<br>11<br>12   | Program service revenue (Part Investment income (Part VIII, Other revenue (Part VIII, colu Total revenue—add lines 8 thro 12)             | c VIII, line 2g)   | , line   | 119,072<br>2,685<br>1,829<br>1,001,003<br>20,000   | 5,957<br>-10,965<br>0<br>513,954<br>20,000   |
|  | 10<br>11<br>12<br>13<br>14   | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 through 12)                                    | VIII, line 2g)   | i, line  | 119,072<br>2,685<br>1,829<br>1,001,003   | 5,957<br>-10,965<br>0<br>513,954<br>20,000<br>0<br>488,346   |
|  | 10<br>11<br>12<br>13<br>14<br>15   | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 through 12)                                    | c VIII, line 2g)   | i, line  | 119,072<br>2,685<br>1,829<br>1,001,003<br>20,000   | 5,957<br>-10,965<br>0<br>513,954<br>20,000<br>0<br>488,346   |
| Expenses Revenue   | 10<br>11<br>12<br>13<br>14<br>15   | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | c VIII, line 2g)   | i, line  | 119,072<br>2,685<br>1,829<br>1,001,003<br>20,000   | 5,957<br>-10,965<br>0<br>513,954<br>20,000<br>0<br>488,346   |
|  | 10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18                                 | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | column (A), lines 3, 4, and 7d)  imn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A)  ind (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2   |  | 119,072<br>2,685<br>1,829<br>1,001,003<br>20,000<br>624,032<br>411,686<br>1,055,718  | 5,957<br>-10,965<br>0<br>513,954<br>20,000<br>0<br>488,346<br>0  |
| Expenses   | 10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b   | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | column (A), lines 3, 4, and 7d)  imn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A)  ind (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)   | i, line ines ines infinite inf | 119,072<br>2,685<br>1,829<br>1,001,003<br>20,000<br>624,032<br>411,686<br>1,055,718<br>-54,715   | 5,957 -10,965 0 513,954 20,000 0 488,346 0 313,467 821,813   |
| Expenses   | 10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18                                 | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | column (A), lines 3, 4, and 7d)  imn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A)  ind (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2   | i, line ines ines infinite inf | 119,072<br>2,685<br>1,829<br>1,001,003<br>20,000<br>624,032<br>411,686<br>1,055,718  | 5,957<br>-10,965<br>0<br>513,954<br>20,000<br>0<br>488,346<br>0  |
| Expenses   | 10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19                           | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | column (A), lines 3, 4, and 7d)  imn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A), lines 1-3)  id (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2  act line 18 from line 12  | i, line ines ines infinite inf | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836  | 5,957 -10,965 0 513,954 20,000 0 488,346 0 313,467 821,813 -307,859 End of Year  |
| Expenses   | 10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19                           | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 through 12)                                    | to VIII, line 2g)  | i, line ines ines infinite inf | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534  | 5,957 -10,965 0 513,954 20,000 0 488,346 0 313,467 821,813 -307,859 End of Year 440,906 11,463   |
| Net Assets or Expenses Fund Balances   | 10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19                           | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 through 12)                                    | column (A), lines 3, 4, and 7d)  imn (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A), lines 1-3)  id (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2  act line 18 from line 12  | i, line ines ines infinite inf | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836  | 5,957 -10,965 0 513,954 20,000 0 488,346 0 313,467 821,813 -307,859 End of Year 440,906 11,463   |
| Not Assets or Expenses   | 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III  | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | to VIII, line 2g)  | , line   | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534 737,302  | 5,957 -10,965 513,954 20,000 (0 488,346 (0 313,467 821,813 -307,859 End of Year 440,906 11,463 429,443   |
| Not Assets or Expenses   | 10<br>11<br>12<br>13<br>14<br>15<br>16a<br>b<br>17<br>18<br>19<br>20<br>21<br>22<br>1 11 | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | column (A), lines 3, 4, and 7d)  Imm (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A)  Ind (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2  act line 18 from line 12  subtract line 21 from line 20  e examined this return, including accompanying the state of the | , line   | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534 737,302 and statements, and ton all information of the statement of th | 5,957 -10,965 0 513,954 20,000 0 488,346 0 313,467 821,813 -307,859 End of Year 440,906 11,463 429,443   |
| Met Assets or Expenses of Met Assets or Expenses or Met Assets or Expenses or Met Assets or Met Asse | 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 penalitedge aledge.                      | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 through 12)                                    | column (A), lines 3, 4, and 7d)  Imm (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A)  Ind (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2  act line 18 from line 12  subtract line 21 from line 20  e examined this return, including accompanying the state of the | , line   | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534 737,302  | 5,957 -10,965 513,954 20,000 (0 488,346 (0 313,467 821,813 -307,859 End of Year 440,906 11,463 429,443   |
| Met Assets or Expenses of Met Assets or Expenses or Met Assets or Expenses or Met Assets or Met Asse | 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 penalitedge aledge.                      | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 thro 12)                                       | column (A), lines 3, 4, and 7d)  Imm (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A)  Ind (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2  act line 18 from line 12  subtract line 21 from line 20  e examined this return, including accompanying the state of the | , line  , line  Begin  g schedules arifficer) is based   | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534 737,302 and statements, and ton all information of the statement of th | 5,957 -10,965  513,954 20,000  488,346  313,467 821,813 -307,859  End of Year  440,906 11,463 429,443  |
| Not Assets of Expenses Fund Balances   | 10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 penalitedge aledge.                      | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 through 12)                                    | column (A), lines 3, 4, and 7d)  Imm (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  ough 11 (must equal Part VIII, column (A)  Ind (Part IX, column (A), lines 1-3)  s (Part IX, column (A), line 4)  employee benefits (Part IX, column (A), line  Part IX, column (A), line 11e)  column (D), line 25)   mn (A), lines 11a-11d, 11f-24e)  17 (must equal Part IX, column (A), line 2  act line 18 from line 12  subtract line 21 from line 20  e examined this return, including accompanying the state of the | , line   | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534 737,302 and statements, and to on all information of the content  | 5,957 -10,965 0 513,954 20,000 0 488,346 0 313,467 821,813 -307,859 End of Year 440,906 11,463 429,443 co the best of my of which preparer has any |
| Part Bases of Expenses  Fund Basences  Part Assets of Expenses  Fund Basences  | 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalitedge aledge.                      | Program service revenue (Part Investment income (Part VIII, Colu Total revenue—add lines 8 through 12)                                    | column (A), lines 3, 4, and 7d)  James (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Jough 11 (must equal Part VIII, column (A)  Journal (Part IX, column (A), lines 1-3)  Se (Part IX, column (A), line 4)  Employee benefits (Part IX, column (A), line 11e)  Jolumn (D), line 25)   The mine (A), lines 11a-11d, 11f-24e)  To (must equal Part IX, column (A), line 2act line 18 from line 12  Journal of the mine 12  Journal of the mine 20  Le examined this return, including accompanying the mine 20 decompanying the mine 20 decompan   | , line   | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534 737,302 and statements, and to on all information of all information of all information of all preparer's taxpa  | 5,957 -10,965  513,954 20,000  488,346  313,467 821,813 -307,859  End of Year  440,906 11,463 429,443  to the best of my of which preparer has any |
| Part Barbances Expenses of Part Barbances of Par | 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalitedge aledge.                      | Program service revenue (Part Investment income (Part VIII, Other revenue (Part VIII, colu Total revenue—add lines 8 thro 12)             | column (A), lines 3, 4, and 7d)  James (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Jough 11 (must equal Part VIII, column (A)  Journal (Part IX, column (A), lines 1-3)  Se (Part IX, column (A), line 4)  Jemployee benefits (Part IX, column (A), line 4)  Part IX, column (A), line 11e)  Jolumn (D), line 25)  mn (A), lines 11a-11d, 11f-24e)  Journal (A), lines 12  Journal (A), line 25 (A), line 12  Journal (A), line 25 (A), line 26 (A), line 27 (A), line 28 (A), line 29 (A), li   | , line   | 119,072 2,685 1,829 1,001,003 20,000 624,032 411,686 1,055,718 -54,715 ning of Current Year 741,836 4,534 737,302  Ind statements, and ton all information of all information of all information of see instructions   | 5,955 -10,965 -10,965 -20,000  |

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

| orm  | 990 (2011)   |  |  |  | Page <b>2</b>   |
|--|--|--|--|--|---|
| Par  |  | ent of Program Service A<br>Schedule O contains a response   |  |  | ୮   |
| 1  | Briefly describe   | the organization's mission   |  |  |   |
| leve<br>conte<br>conc<br>ende<br>lioxi<br>Cent | lopments in the went It meets this ern and mini-reviavor, the Centerade and global cha | vorld-wide scientific quest to det<br>objective through weekly online<br>ews of recently published peer-ratempts to separate reality from<br>ange In addition, to help student<br>ine instructions on how to condu | Change was created to disseminat ermine the climatic and biological c publication of its CO2 Science mageviewed scientific journal articles, to rhetoric in the emotionally-charge s and teachers gain greater insight ct CO2 enrichment and depletion e | onsequences of the ongoing r<br>gazine, which contains editorio<br>ooks, and other educational i<br>d debate that swirls around th<br>into the biological aspects of | use in the air's CO2<br>als on topics of current<br>materials In this<br>ne subject of carbon<br>this phenomenon, the |
| 2  | Did the organiza   | ation undortako any cignificant n  | ogram services during the year whi   | ch were not listed on  |   |
| 2  | the prior Form 9   |  |  | · · · · · · · · · · · · · · · · · · ·  | 'es ✓ No  |
| 3  | Did the organizates  |  | significant changes in how it conduc   | cts, any program   | 'es ☑ No  |
| 4  | Describe the org   | ganızatıon's program service acc<br>ıon 501(c)(3) and 501(c)(4) orga   | omplishments for each of its three lanizations and section 4947(a)(1) t<br>ses, and revenue, if any, for each pr   | rusts are required to report th  |   |
| 4a   |  | ) (Expenses \$<br>tual reports and sound commentary on r<br>e in the air's carbon dioxide content  | 805,998 including grants of \$ new developments in the world-wide scient   | 20,000 ) (Revenue \$  Ific quest to determine the climatic a   | 5,957 )<br>and biological consequences  |
| 4b   | (Code  | ) (Expenses \$   | including grants of \$   | ) (Revenue \$  | )   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
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|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
| 4c   | (Code  | ) (Expenses \$   | including grants of \$   | ) (Revenue \$  | )   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
| 4d   | Other program<br>(Expenses \$  | services (Describe in Schedule   | ·  | ) (Revenue \$  | )   |

4e Total program service expenses►\$

805,998

| Part IV Checklist of Required Schedule | dules |
|--|-------|
|--|-------|

|     |   |     | Yes | No |
|-----|---|-----|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$  | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3   |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II  | 4   |     | No |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II   | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.   | 11a | Yes |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  | 11b |     | No |
| c   | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  | 11c |     | No |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.   | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e |     | No |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.   | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12a |     | No |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  | 12b |     | No |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV   | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV   | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I  | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II   | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 20a | Ţ   | Νo |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements   | 20b |     |    |

| Par | t IV Checklist of Required Schedules (continued)  |     |     |     |
|-----|---|-----|-----|-----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  | Yes |     |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | No  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J                | 23  | Yes |     |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a |     | No  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | Νo  |
| C   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c |     | No  |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | Νo  |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a |     | No  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I       | 25b |     | No  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II                                    | 26  | Yes |     |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III            | 27  |     | No  |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |     |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  |     |     |     |
|     | IV  | 28a |     | No  |
|     | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |     | N o |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV   | 28c |     | No  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | No  |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes,"</i> complete Schedule M   | 30  |     | N o |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | No  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |     | No  |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  | 33  |     | No  |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34  | Yes |     |
| 35a | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?  | 35a |     | No  |
| b   | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2$  | 35b |     | No  |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  |     | No  |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37  |     | No  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | 38  |     | No  |

| Form 990 (2011) |  |        |                     |    |     |    |
|-----------------|--|--------|---------------------|----|-----|----|
| Pa              | rt V Statements Regarding Other IRS Filings and Tax Compliand Check if Schedule O contains a response to any question in this Part V . |        |                     |    | .୮  |    |
|                 |  |        |                     |    | Yes | No |
| 1a              | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  |        |                     |    |     |    |
|                 |  | 1a     | 1:                  | 1  |     |    |
| b               | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | 1b     | c                   | )  |     |    |
| С               | Did the organization comply with backup withholding rules for reportable payments gaming (gambling) winnings to prize winners?         | to ven | dors and reportable | 1c |     | No |
| 2a              | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  |        |                     |    |     |    |

Statements filed for the calendar year ending with or within the year covered by this 

Did the organization have unrelated business gross income of \$1,000 or more during the

over, a financial account in a foreign country (such as a bank account or securities

Organizations that may receive deductible contributions under section 170(c).

**d** If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Enter

c Enter the aggregate amount of reserves on hand

year

allocated to each state

13

If "Yes," enter the name of the foreign country

 ${f c}$  If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .

account)? .

If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O .

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

At any time during the calendar year, did the organization have an interest in, or a signature or other authority

See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

Does the organization have annual gross receipts that are normally greater than  $$100,\!000$ , and did the

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and

organization solicit any contributions that were not tax deductible? . . . . . . . . . . . . . . .

**b** If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit

a Did the organization make any taxable distributions under section 4966? . . . . . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue

 ${f b}$  Did the organization make a distribution to a donor, donor advisor, or related person? .

Initiation fees and capital contributions included on Part VIII, line 12 . . .

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club

Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . . . .

 $\boldsymbol{b}$   $\,$  If "Yes," enter the amount of tax-exempt interest received or accrued during the

Is the organization licensed to issue qualified health plans in more than one state?

**b** Enter the aggregate amount of reserves the organization is required to maintain by

14a Did the organization receive any payments for indoor tanning services during the tax year? . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

the states in which the organization is licensed to issue qualified health plans

Section 501(c)(29) qualified nonprofit health insurance issuers.

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a

Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. DId the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess 

2b

За

3b

4a

5a

5b

5c

6a

6b

7a

7b

**7**c

7f

7g

7h

8

9a

9b

12a

10a

10b

11a

12b

13b

Yes

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Form 990 (2011) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax **1a** 4 Enter the number of voting members included in line 1a, above, who are 0 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Yes Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Νo 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo 6 6 Νo Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 7b Νo or persons other than the governing body? . . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? . . Νo Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . 8b Νo Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |  |     | Yes | No |
|-----|--|-----|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a |     | Νo |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b |     | No |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | Yes |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review the Form 990  |     |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a |     | Νo |
| b   | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b |     | No |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c |     | No |
| 13  | Did the organization have a written whistleblower policy?  | 13  |     | Νo |
| 14  | Did the organization have a written document retention and destruction policy?   | 14  |     | Νo |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |     |    |
| а   | The organization's CEO, Executive Director, or top management official   | 15a |     | Νo |
| b   | Other officers or key employees of the organization  | 15b |     | Νo |
|     | If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)  |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a |     | No |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |     | No |
|     | alian C Pindana  |     |     |    |

#### **Section C. Disclosure**

- LIST the States with which a copy of this Form 990 is required to be filed▶AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Sherwood B Idso 631 E Laguna Drive Tempe, AZ 85282

(480)664-4493

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if neither the organiz | ation nor any re                               | lated o  | rganı                 | zatı    | ons          | compe                        | nsat   | ted any current or fo  | ormer officer, direct  | or, or trustee   |
|---------------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A)<br>Name and Title                 | (B) A verage hours per week (describe          | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the organization and |
|                                       | hours for related organizations in Schedule O) | Individual trustee<br>or director  | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former |  | MISC)  | related<br>organizations   |
| (1) Sherwood B Idso<br>President      | 30 00  | х  |                       | х       |              |                              |        | 0  | 0  | 0  |
| (2) Robert E Ferguson<br>None         | 40 00  |  |                       |         |              | х                            |        | 248,780  | 0  | 0  |
| (3) M Anne Idso<br>Secretary          | 30 00  | х  |                       | Х       | Х            |                              |        | 80,000   | 0  | 0  |
| (4) Keith Idso<br>Vice President      | 0 00   |  |                       |         |              |                              |        | 0  | 0  | 0  |
| (5) Craig D Idso<br>Treasurer         | 30 00  | х  |                       | х       | Х            |                              |        | 115,651  | 0  | 0  |
|                                       |  |  |                       |         |              |                              |        |  |  |  |
|                                       |  |  |                       |         |              |                              |        |  |  |  |
|                                       |  |  |                       |         |              |                              |        |  |  |  |
|                                       |  |  |                       |         |              |                              |        |  |  |  |
|                                       |  |  |                       |         |              |                              |        |  |  |  |
|                                       |  |  |                       |         |              |                              |        |  |  |  |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

|         | <b>(A)</b><br>Name and Title  | (B) Average hours per week (describe hours | Position (do not check more than one box, unless person is both an officer and a director/trustee)  Position (do not check mean state of the compensation from the organization (Worganizations (Worganization |                       |         |              |                              |                   |            |                       | Position (do not check<br>more than one box,<br>unless person is both<br>an officer and a<br>director/trustee) |         |                   |           |  |  | more than one box, compensation from the an officer and a director/trustee) compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) |  |  |  | Position (do not check more than one box, compensation unless person is both an officer and a director/trustee)  Reportable compensation compensation from the organization (W-organizations (W-2/1099-organization) (W-2/1099-organization) |  |  |  |  |  |
|---------|---|--|--|-----------------------|---------|--------------|------------------------------|-------------------|------------|-----------------------|--|---------|-------------------|-----------|--|--|--|--|--|--|--|--|--|--|--|--|
|         |   | for related organizations in Schedule O)   | Individual trustee<br>or director  | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former            |            |                       |  |         | relat<br>organiza |           |  |  |  |  |  |  |  |  |  |  |  |  |
|         |   |  |  |                       |         |              |                              |                   |            |                       |  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
|         |   |  |  |                       |         |              |                              |                   |            |                       |  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
|         |   |  |  |                       |         |              |                              |                   |            |                       |  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
| 1b      | Sub-Total   |  |  |                       |         |              |                              | <u> </u>          |            |                       |  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
| С       | Total from continuation sheets  |  |  |                       |         |              |                              | <b>P</b>          |            |                       |  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
| d<br>2  | Total (add lines 1b and 1c) .  Total number of individuals (incl \$100,000 of reportable compen | ludıng but not lın                         | nited to   | thos                  | e lıs   |              |                              | <b>▶</b><br>) who | receive    | 444,431<br>d more tha | ın   |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
| 3       | Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sci              |  |  |                       |         |              | mploy                        |                   | or highest | compens               | ated employee  | 3       | Yes               | <b>No</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| 4       | For any individual listed on line organization and related organiz                              |  |  |                       |         |              |                              |                   |            |                       |  | 4       | Yes               |           |  |  |  |  |  |  |  |  |  |  |  |  |
| 5       |   |  |  |                       |         |              |                              |                   |            |                       |  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
| Se<br>1 | ction B. Independent Con<br>Complete this table for your five<br>\$100,000 of compensation from | highest comper<br>n the organizatio        |  |                       |         |              |                              |                   |            |                       |  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
|         | or within the organization's tax y  | ( <b>A)</b><br>me and business ad          | dress  |                       |         |              |                              |                   |            | Desc                  | (B)<br>ription of services   |         | (C<br>Comper      |           |  |  |  |  |  |  |  |  |  |  |  |  |
|         |   |  |  |                       |         |              |                              |                   |            |                       |  | <u></u> |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |
|         | Fotal number of independent cont<br>\$100,000 of compensation from                              | •  | -  | ot lır                | nited   | l to         | those                        | liste             | d above)   | who recei             | ved more than  |         |                   |           |  |  |  |  |  |  |  |  |  |  |  |  |

| raitv   |              | Statement of Revenue  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512,513,or 514 |
|---|--------------|---|----------------------|--|---|---|
| , grants<br>mounts  | 1a<br>b<br>c | Federated campaigns 1a  Membership dues 1b  Fundraising events 1c   | -                    |  |   |   |
| ıs, gifts<br>imilara                                      | d<br>e       | Related organizations 1d  Government grants (contributions) 1e  | -                    |  |   |   |
| Contributions, gifts, grants<br>and other similar amounts | f<br>g       | All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in | -                    |  |   |   |
| Con   | h            | Innes 1a-1f \$  Total. Add lines 1a-1f  | <b>►</b> 518,962     |  |   |   |
| ne  | _            | Business Code   |                      |  |   |   |
| even  | 2a<br>b      | Media sales   | 5,957                |  |   | 5,957   |
| Program Serwce Revenue                                    | С            |   |                      |  |   |   |
|   | d            |   |                      |  |   |   |
| ranı S  | e<br>f       | All other program service revenue   |                      |  |   |   |
| Prog  | g            | Total. Add lines 2a-2f  | 5,957                |  |   |   |
|   | 3            | Investment income (including dividends, interest  | 3,537                |  |   |   |
|   |              | and other similar amounts)  | -10,581              | -10,581  |   |   |
|   | 4<br>5       | Income from investment of tax-exempt bond proceeds  | 0                    |  |   |   |
|   | 5            | Royalties   |                      |  |   |   |
|   | 6a           | Gross rents   |                      |  |   |   |
|   | ь            | Less rental expenses  |                      |  |   |   |
|   | С            | Rental income or (loss)   |                      |  |   |   |
|   | d            | Net rental income or (loss)   | 0                    |  |   |   |
|   | 7a           | Gross amount from sales of assets other (1) Securities (11) Other   |                      |  |   |   |
|   | ь            | than inventory Less cost or other basis and sales expenses  | 34                   |  |   |   |
|   | с            | Gain or (loss) -38  | 34                   |  |   |   |
|   | d<br>8a      | Net gain or (loss)  | -384                 | -384   |   |   |
| Other Revenue   |              | events (not including  \$ of contributions reported on line 1c) See Part IV, line 18                              |                      |  |   |   |
| her   | ь            | Less direct expenses b  |                      |  |   |   |
| ة<br>ا  | С            | Net income or (loss) from fundraising events  | 0                    |  |   |   |
|   | 9a           | Gross income from gaming activities See Part IV, line 19  |                      |  |   |   |
|   | b            | Less direct expenses b  |                      |  |   |   |
|   | С<br>10а     | Net income or (loss) from gaming activities   |                      |  |   |   |
|   | Ь            | Less cost of goods sold b  Net uncome or (loss) from sales of inventory •   |                      |  |   |   |
|   | С            | Net income or (loss) from sales of inventory •  Miscellaneous Revenue Business Code                               |                      |  |   |   |
|   | 11a          |   | 7                    |  |   |   |
|   | ь            |   |                      |  |   |   |
|   | С            |   |                      |  |   |   |
|   | d            | All other revenue   |                      |  |   |   |
|   | e            | Total. Add lines 11a-11d  | 0                    |  |   |   |
|   | 12           | Total revenue. See Instructions   | 513,954              | -10,965  |   | 5,957   |

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

|    | ot include amounts reported on lines 6b,<br>b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b> Fundraising expenses |
|----|---|-----------------------|------------------------------|-------------------------------------|----------------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21  | 20,000                | 20,000                       |                                     | · ·                              |
| 2  | Grants and other assistance to individuals in the United States See Part IV, line 22  | 0                     |                              |                                     |                                  |
| 3  | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16   | 0                     |                              |                                     |                                  |
| 4  | Benefits paid to or for members   | 0                     |                              |                                     |                                  |
| 5  | Compensation of current officers, directors, trustees, and key employees  | 195,651               | 195,651                      |                                     |                                  |
| 6  | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$  | 0                     | 133,031                      |                                     |                                  |
| 7  | Other salaries and wages  | 263,780               | 263,780                      |                                     |                                  |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 0                     | ,                            |                                     |                                  |
| 9  | Other employee benefits   | 0                     |                              |                                     |                                  |
| 10 | Payroll taxes   | 28,915                | 28,915                       |                                     |                                  |
| 11 | Fees for services (non-employees)   | ,                     | ,                            |                                     |                                  |
| а  | Management  | 0                     |                              |                                     |                                  |
| b  | Legal   | 0                     |                              |                                     |                                  |
| С  | Accounting  | 4,759                 |                              | 4,759                               | _                                |
| d  | Lobbying  | 0                     |                              |                                     |                                  |
| e  | Professional fundraising See Part IV, line 17   | 0                     |                              |                                     |                                  |
| f  | Investment management fees  | 0                     |                              |                                     |                                  |
| g  | Other   | 0                     |                              |                                     |                                  |
| 12 | Advertising and promotion   | 0                     |                              |                                     |                                  |
| 13 | Office expenses   | 10,282                | 10,282                       |                                     |                                  |
| 14 | Information technology  | 0                     |                              |                                     |                                  |
| 15 | Royalties   | 0                     |                              |                                     |                                  |
| 16 | Occupancy   | 37,579                | 37,579                       |                                     |                                  |
| 17 | Travel  | 9,863                 | 9,863                        |                                     |                                  |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                              |                                     |                                  |
| 19 | Conferences, conventions, and meetings  | 0                     |                              |                                     |                                  |
| 20 | Interest  | 263                   |                              | 263                                 |                                  |
| 21 | Payments to affiliates  | 0                     |                              |                                     |                                  |
| 22 | Depreciation, depletion, and amortization   | 27,259                | 27,259                       |                                     |                                  |
| 23 | Insurance   | 10,407                | 10,407                       |                                     |                                  |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)                    |                       |                              |                                     |                                  |
| a  | Website hosting & maintenance   | 34,797                | 34,797                       |                                     |                                  |
| b  | Media/public relations  | 13,316                | 13,316                       |                                     |                                  |
| С  | Experiments   | 32,304                | 32,304                       |                                     |                                  |
| d  | Contract labor  | 103,626               | 103,626                      |                                     |                                  |
| e  | Auto & truck expenses   | 5,835                 |                              | 5,835                               |                                  |
| f  | All other expenses  | 23,177                | 18,219                       | 4,958                               |                                  |
| 25 | Total functional expenses. Add lines 1 through 24f  | 821,813               | 805,998                      | 15,815                              | 0                                |
| 26 | Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                              |                                     | orm <b>990</b> (2011)            |

Form 990 (2011) Page **11 Balance Sheet** Part X (B) (A) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . . . . 560.736 195.992 1 2 2 0 3 0 3 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 59,872 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 0 7 0 8 0 9 Prepaid expenses and deferred charges . . . . 201.279 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation . . . . . 10b 146,111 70.900 55,168 b 10c 50.328 11 189.746 11 12 Investments—other securities See Part IV, line 11 . . . . . . 12 0 13 Investments—program-related See Part IV, line 11 . . 13 0 0 14 14 15 0 15 741.836 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 440.906 4.534 17 11.463 17 Accounts payable and accrued expenses 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . . 4,534 26 **Total liabilities.** Add lines 17 through 25 . . . . . 26 11,463 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 737,302 27 429,443 28 Temporarily restricted net assets . . . . . 28 Fund 29 Permanently restricted net assets . . . . 29 Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ğ Total net assets or fund balances . . . . . 737,302 429,443 33 33 34 Total liabilities and net assets/fund balances . . . . . 741.836 440.906 34

| orm | 990 | (201 | 1) |
|-----|-----|------|----|
|     |     |      |    |

| _ |   |   |   | 4 |   |
|---|---|---|---|---|---|
| Ρ | а | а | e | 1 | 4 |
|   |   |   |   |   |   |

| Par | Check if Schedule O contains a response to any question in this Part XI   |        |    |     |        |
|-----|---|--------|----|-----|--------|
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1      |    |     | 13,954 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2      |    |     | 21,813 |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3      |    | -3  | 07,859 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4      |    | 7   | 37,302 |
| 5   | Other changes in net assets or fund balances (explain in Schedule O)  | 5      |    |     |        |
| 6   | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))   | 6      |    | 4   | 29,443 |
| Par | The triangle of the contains a response to any question in this Part XII  |        |    | .୮  |        |
| 1   | Accounting method used to prepare the Form 990  |        |    | Yes | No     |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?   |        | 2a |     | No     |
| b   | Were the organization's financial statements audited by an independent accountant?  |        | 2b |     | No     |
| С   | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O |        | 2c |     | No     |
| d   | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both   | sued   |    |     |        |
|     | Separate basis Consolidated basis Both consolidated and separated basis   |        |    |     |        |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |        | 3a |     | No     |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   | quired | 3b |     | No     |

**Employer identification number** 

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2011

Inspection

Center for the Study of Carbon Dioxide and Global Change Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

| (i)<br>Name of<br>supported<br>organization | (ii)<br>EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organizat col (i) list your gove docume | e<br>Ion In<br>ted In<br>Frning | (v) Did you not organizati col (i) of suppor | on in<br>your | (vi) Is the organizati col (i) orga in the U | on in<br>anized | (vii)<br>A mount of<br>support? |
|---|-------------|---|---|---------------------------------|--|---------------|--|-----------------|---------------------------------|
|   |             | instructions))  | Yes   | No                              | Yes  | No            | Yes  | No              |                                 |
|   |             |   |   |                                 |  |               |  |                 |                                 |
|   |             |   |   |                                 |  |               |  |                 |                                 |
|   |             |   |   |                                 |  |               |  |                 |                                 |
|   |             |   |   |                                 |  |               |  |                 |                                 |
|   |             |   |   |                                 |  |               |  |                 |                                 |
| Total                                       |             |   |   |                                 |  |               |  |                 |                                 |

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Se      | ection A. Public Support   | •   |   |  | •  | •  |                |
|---------|--|---|---|--|--|--|----------------|
| Cale    | endar year (or fiscal year beginning in)   | (a) 2007  | <b>(b)</b> 2008   | (c) 2009   | <b>(d)</b> 2010  | <b>(e)</b> 2011  | (f) Total      |
| 1       | Gifts, grants, contributions, and<br>membership fees received (Do not<br>include any "unusual<br>grants")  | 674,725   | 1,065,971   | 1,548,145  | 993,766  | 518,96   | 2 4,801,569    |
|         | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |   |   |  |  |  | 0              |
| 3       | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |   |   |  |  |  | 0              |
| 4<br>5  | <b>Total.</b> Add lines 1 through 3 The portion of total contributions   | 674,725   | 1,065,971   | 1,548,145  | 993,766  | 518,962  | 4,801,569      |
| J       | by each person (other than a<br>governmental unit or publicly<br>supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11, column   |   |   |  |  |  | 2,725,842      |
| 6       | (f) <b>Public Support.</b> Subtract line 5 from line 4   | ו   |   |  |  |  | 2,075,727      |
| Se      | ection B. Total Support  |   |   |  |  |  |                |
| Cale    | endar year (or fiscal year<br>beginning in)  | (a) 2007  | <b>(b)</b> 2008   | <b>(c)</b> 2009  | ( <b>d)</b> 2010   | <b>(e)</b> 2011  | (f) Total      |
| 7       | Amounts from line 4  | 674,725   | 1,065,971   | 1,548,145  | 993,766  | 518,962  | 4,801,569      |
| 8       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties<br>and income from similar<br>sources   |   |   |  |  |  | 0              |
| 9       | Net income from unrelated business activities, whether or not the business is regularly carried on   |   |   |  |  |  | 0              |
| 10      | Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets   |   |   |  | 1,829  |  | 1,829          |
| 11      | Total support (Add lines 7 through 10)   |   |   |  |  |  | 4,803,398      |
| 12      | Gross receipts from related activit  | ies, etc (See insti   | ructions )  |  |  | 12   |                |
| 13      | First Five Years If the Form 990 is check this box and stop here   |   |   | , third, fourth, or fi   | fth tax year as a  | 501(c)(3) orgai  | nization,<br>▶ |
| 14      | ection C. Computation of Pul<br>Public Support Percentage for 201  |   |   | 1.1 l (f))   |  | T T  |                |
|         | •  | , ,   |   | II Column (1))   |  | 14   | 43 210 %       |
| 15      | Public Support Percentage for 201  | •   | •   |  |  | 15   | 37 530 %       |
| b       | 33 1/3% support test—2011. If the and stop here. The organization quid 33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me | alifies as a publicle organization did n qualifies as a pu — <b>2011.</b> If the organton meets the "fa | y supported orga<br>not check the bo<br>blicly supported<br>inization did not d<br>icts and circums | nization<br>k on line 13 or 16a<br>organization<br>check a box on line<br>cances" test, chec | a, and line 15 is :<br>e 13, 16a, or 16l<br>k this box and <b>st</b> | 33 1/3% or more o and line 14 op here. Explain               | e, check this  |
| b<br>18 | organization  10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organization  Private Foundation If the organizations   | <b>—2010.</b> If the organization meets the ation meets the "fa   | inization did not o<br>e "facts and circu<br>acts and circums!                                      | check a box on line<br>mstances" test, c<br>ances" test The                                  | e 13, 16a, 16b, o<br>heck this box an<br>organization qua            | or 17a and line<br>d <b>stop here.</b><br>lifies as a public | <b>►</b> □     |

| C -       | Part II. If the organiza  | ation rails to q | uanily under the   | c tests listed be     | , p                |                 | - /                  |
|-----------|---|------------------|--------------------|-----------------------|--------------------|-----------------|----------------------|
|           | ction A. Public Support ndaryear (or fiscal year beginning              |                  |                    |                       | 1                  | 1               |                      |
| care      | in)   | <b>(a)</b> 2007  | <b>(b)</b> 2008    | (c) 2009              | ( <b>d)</b> 2010   | (e) 2011        | <b>(f)</b> Total     |
| 1         | Gifts, grants, contributions, and                                       |                  |                    |                       |                    |                 |                      |
|           | membership fees received (Do not include any "unusual grants")          |                  |                    |                       |                    |                 |                      |
| 2         | Gross receipts from admissions,   |                  |                    |                       |                    |                 |                      |
| _         | merchandise sold or services  |                  |                    |                       |                    |                 |                      |
|           | performed, or facilities furnished in                                   |                  |                    |                       |                    |                 |                      |
|           | any activity that is related to the organization's tax-exempt           |                  |                    |                       |                    |                 |                      |
|           | purpose   |                  |                    |                       |                    |                 |                      |
| 3         | Gross receipts from activities that                                     |                  |                    |                       |                    |                 |                      |
|           | are not an unrelated trade or   |                  |                    |                       |                    |                 |                      |
| 4         | business under section 513 Tax revenues levied for the                  |                  |                    |                       |                    |                 |                      |
| 7         | organization's benefit and either                                       |                  |                    |                       |                    |                 |                      |
|           | paid to or expended on its  |                  |                    |                       |                    |                 |                      |
|           | behalf  |                  |                    |                       |                    |                 | 1                    |
| 5         | The value of services or facilities furnished by a governmental unit to |                  |                    |                       |                    |                 |                      |
|           | the organization without charge   |                  |                    |                       |                    |                 |                      |
| 6         | <b>Total.</b> Add lines 1 through 5                                     |                  |                    |                       |                    |                 |                      |
| 7a        | Amounts included on lines 1, 2,   |                  |                    |                       |                    |                 |                      |
|           | and 3 received from disqualified persons                                |                  |                    |                       |                    |                 |                      |
| b         | Amounts included on lines 2 and 3                                       |                  |                    |                       |                    |                 |                      |
| -         | received from other than  |                  |                    |                       |                    |                 |                      |
|           | disqualified persons that exceed  |                  |                    |                       |                    |                 |                      |
|           | the greater of \$5,000 or 1% of the amount on line 13 for the year      |                  |                    |                       |                    |                 |                      |
| c         | Add lines 7a and 7b   |                  |                    |                       |                    |                 |                      |
| 8         | Public Support (Subtract line 7c  |                  |                    |                       |                    |                 |                      |
|           | from line 6 )   |                  |                    |                       |                    |                 |                      |
|           | ction B. Total Support  |                  |                    |                       |                    |                 |                      |
| care      | in)   | <b>(a)</b> 2007  | <b>(b)</b> 2008    | <b>(c)</b> 2009       | <b>(d)</b> 2010    | (e) 2011        | (f) Total            |
| 9         | Amounts from line 6   |                  |                    |                       |                    |                 |                      |
| 0a        | Gross income from interest,   |                  |                    |                       |                    |                 |                      |
|           | dividends, payments received on securities loans, rents, royalties      |                  |                    |                       |                    |                 |                      |
|           | and income from similar   |                  |                    |                       |                    |                 |                      |
|           | sources   |                  |                    |                       |                    |                 |                      |
| b         | Unrelated business taxable  |                  |                    |                       |                    |                 |                      |
|           | income (less section 511 taxes) from businesses acquired after          |                  |                    |                       |                    |                 |                      |
|           | June 30, 1975   |                  |                    |                       |                    |                 |                      |
| С         | Add lines 10a and 10b   |                  |                    |                       |                    |                 |                      |
| 11        | Net income from unrelated   |                  |                    |                       |                    |                 |                      |
|           | business activities not included  |                  |                    |                       |                    |                 |                      |
|           | in line 10b, whether or not the business is regularly carried on        |                  |                    |                       |                    |                 |                      |
| 12        | Other income Do not include   |                  |                    |                       |                    |                 |                      |
|           | gain or loss from the sale of   |                  |                    |                       |                    |                 |                      |
|           | capital assets (Explain in Part<br>IV )                                 |                  |                    |                       |                    |                 |                      |
| 13        | Total support (Add lines 9, 10c,  |                  |                    |                       |                    |                 |                      |
| -         | 11 and 12)  |                  |                    |                       |                    |                 |                      |
| 4         | First Five Years If the Form 990 is for                                 | r the organizati | on's first, second | , thırd, fourth, or f | ifth tax year as a | 1501(c)(3) orga | nization,<br>►       |
|           | check this box and <b>stop here</b>                                     |                  |                    |                       |                    |                 | -1                   |
| Se        | ction C. Computation of Publi   |                  |                    |                       |                    |                 |                      |
| .5        | Public Support Percentage for 2011                                      | (line 8 column ( | f) divided by line | 13 column (f))        |                    | 15              |                      |
| <b>.6</b> | Public support percentage from 2010                                     | Schedule A, P    | art III, line 15   |                       |                    | 16              |                      |
|           |   |                  |                    |                       |                    |                 |                      |
|           | ction D. Computation of Inve  |                  |                    |                       | (5))               |                 |                      |
| L7        | Investment income percentage for 2                                      | •                |                    | •                     | (1))               | 17              |                      |
| L8        | Investment income percentage from                                       |                  |                    |                       |                    | 18              |                      |
| 19a       | <b>33 1/3% support tests—2011.</b> If the                               |                  |                    |                       |                    |                 | d line 17 is no<br>► |
| ь         | more than 33 1/3%, check this box a 33 1/3% support tests—2010. If the  |                  |                    |                       |                    |                 | 2 1/20/ -            |

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

| Part IV | <b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions). |
|---------|--|
|         |  |
|         | Facts And Circumstances Test   |
|         |  |
|         | Explanation  |
|         |  |
|         |  |
|         |  |

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493068005032

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

| Name of the organization<br>Center for the Study of Carbon Dioxide  |   | Employer identificat                                    | ion number      |
|---|---|---|-----------------|
| and Global Change   |   | 86-0902777  |                 |
| Part I Organizations Maintaining Donor A organization answered "Yes" to Form 9  | 990, Part IV, line 6.                       | Funds or Accounts.                                      |                 |
|   | (a) Donor advised funds                     | (b) Funds and ot  | her accounts    |
| Total number at end of year   |   |   |                 |
| Aggregate contributions to (during year)  |   |   |                 |
| Aggregate grants from (during year)   |   |   |                 |
| Aggregate value at end of year  |   |   |                 |
| Did the organization inform all donors and donor ad funds are the organization's property, subject to the   |   |   | ┌ Yes ┌ No      |
| Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit  | enefit of the donor or donor advisor, or fo | r any other purpose                                     | ┌ Yes ┌ No      |
| art II Conservation Easements. Complete   | e if the organization answered "Yes         | " to Form 990, Part IV                                  | , lıne 7.       |
| Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrea Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua | tion or pleasure)                           | an historically importantly a certified historic struct |                 |
| easement on the last day of the tax year  |   |   |                 |
|   |   | Held at the   | End of the Year |
| a Total number of conservation easements  |   | 2a  |                 |
| <b>b</b> Total acreage restricted by conservation easement  | ts  | 2b  |                 |
| Number of conservation easements on a certified h   | istoric structure included in (a)           | 2c  |                 |
| d Number of conservation easements included in (c)  | acquired after 8/17/06                      | 2d  |                 |
| Number of conservation easements modified, trans the taxable year -  Number of states where property subject to conser  | vation easement is located 🛌                |   | -               |
| Does the organization have a written policy regardi<br>enforcement of the conservation easements it hold  |   | andling of violations, and                              | ┌ Yes ┌ No      |
| Staff and volunteer hours devoted to monitoring, in   | specting and enforcing conservation eas     | ements during the year 🛌                                |                 |
| A mount of expenses incurred in monitoring, inspect  • \$   | ting, and enforcing conservation easeme     | ents during the year                                    |                 |
| Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?   | 2(d) above satisfy the requirements of      | section   | ┌ Yes ┌ No      |
| In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease  | f the footnote to the organization's financ |   |                 |
| Organizations Maintaining Collecti<br>Complete if the organization answered   |   |   | ssets.          |
| If the organization elected, as permitted under SFA<br>art, historical treasures, or other similar assets hel<br>provide, in Part XIV, the text of the footnote to its f  | d for public exhibition, education or rese  | earch in furtherance of pub                             |                 |
| If the organization elected, as permitted under SFA<br>historical treasures, or other similar assets held fo<br>provide the following amounts relating to these iten  | r public exhibition, education, or researc  |   |                 |
| (i) Revenues included in Form 990, Part VIII, line  | 1   | <b>►</b> \$   |                 |
| (ii) Assets included in Form 990, Part X  |   | <b>►</b> \$   |                 |
| If the organization received or held works of art, his following amounts required to be reported under SF.  |   |   |                 |
| Revenues included in Form 990, Part VIII, line 1  | -   | <b>►</b> \$   |                 |

Assets included in Form 990, Part X

|                  | Organizations Maintaining Co   | <u>llections of Art</u>                       | <u>, His</u> | tori             | <u>cal Tr</u> | easur       | res, or Ot    | <u>ner</u> | Simila              | ASSE             | ts (co   | ntinued <sub>.</sub> |
|------------------|--|---|--------------|------------------|---------------|-------------|---------------|------------|---------------------|------------------|----------|----------------------|
| 3                | Using the organization's accession and other items (check all that apply)  | r records, check any                          | y of th      | ne foll          | _             |             | Ū             |            | e of its co         | ollection        | 1        |                      |
| а                | Public exhibition  |   | d            | Г                | Loan          | or exch     | ange progra   | ms         |                     |                  |          |                      |
| b                | Scholarly research   |   | e            | Г                | Other         |             |               |            |                     |                  |          |                      |
| c                | Preservation for future generations  |   |              |                  |               |             |               |            |                     |                  |          |                      |
|                  | Provide a description of the organization's co   | llections and expla                           | ın hov       | v the            | / furthe      | r the or    | rganızatıon's | sexe       | empt purp           | ose in           |          |                      |
| ;                | During the year, did the organization solicit of assets to be sold to raise funds rather than t  |   |              |                  |               |             |               |            | lar                 |                  | Yes      | ┌ No                 |
| ar               | Escrow and Custodial Arrang Part IV, line 9, or reported an an   |   |              |                  |               |             | answered      | "Ye        | es" to Fo           | rm 990           | ,        |                      |
| a                | Is the organization an agent, trustee, custod included on Form 990, Part X?  | ıan or other ınterme                          | ediary       | for c            | ontribu       | tions o     | r other asse  | ts no      | ot                  |                  | Yes      | ┌ No                 |
| b                | If "Yes," explain the arrangement in Part XIV  | / and complete the                            | follow       | ıng ta           | able          |             | Г             | <u> </u>   |                     | Amou             | nt       |                      |
| c                | Beginning balance  |   |              |                  |               |             | <u> </u>      | lc         |                     |                  |          |                      |
| d                | Additions during the year  |   |              |                  |               |             | _             | Ld         |                     |                  |          |                      |
| e                | Distributions during the year  |   |              |                  |               |             | <u> </u>      | le         |                     |                  |          |                      |
| f                | Ending balance   |   |              |                  |               |             | <u> </u>      | Lf         |                     |                  |          |                      |
|                  |  | uma 0.00 Davit V lua                          | - 212        |                  |               |             | <u></u>       | .          |                     |                  | Yes      |                      |
| a                | Did the organization include an amount on Fo   |   | ezir         |                  |               |             |               |            |                     | '                | res      | ) NO                 |
|                  | If "Yes," explain the arrangement in Part XIV  |   |              |                  | حالا الح      | -!!         | 000           | D =L       | TV lone             | 10               |          |                      |
| Œ                | rt V Endowment Funds. Complete   | tne organization (a)Current Year              |              | Were<br>Prior \  |               |             |               |            | hree Years          |                  | NEGUE Y  | ears Bacl            |
| 3                | Beginning of year balance  | (a)carient rear                               | (5)          | <i>y</i> i 1101  | cui           | (C) W       | 7 Tears Back  | (u)        | ince rears          | Back (C          | n our re | cars back            |
| -<br>b           | Contributions  |   |              |                  |               |             |               |            |                     |                  |          |                      |
| 2                | Investment earnings or losses  |   |              |                  |               |             |               |            |                     |                  |          |                      |
| d                | Grants or scholarships   |   |              |                  |               |             |               |            |                     | _                |          |                      |
| u<br>e           | Other expenditures for facilities  |   |              |                  |               |             |               |            |                     |                  |          |                      |
| _                | and programs   |   |              |                  |               |             |               |            |                     |                  |          |                      |
| F                | Administrative expenses  |   |              |                  |               |             |               |            |                     |                  |          |                      |
| g                | End of year balance  |   |              |                  |               |             |               |            |                     |                  |          |                      |
|                  | Provide the estimated percentage of the yea  | r end balance held a                          | as           |                  |               |             | •             |            |                     | •                |          |                      |
| a                | Board designated or quasi-endowment  |   |              |                  |               |             |               |            |                     |                  |          |                      |
|                  | Permanent endowment  |   |              |                  |               |             |               |            |                     |                  |          |                      |
| b                |  |   |              |                  |               |             |               |            |                     |                  |          |                      |
| C<br>3           | Term endowment ►  Are there endowment funds not in the posses  | scion of the organiza                         | ation t      | -ba+ -           | ra bala       | 1 2 2 4 2 4 | dministored   | fort       | ·h a                |                  |          |                      |
| <b>a</b>         | organization by  | ssion of the organiza                         | ationi       | LIIaL c          | ire ileit     | i allu at   | allillistered | 101 (      | .iie                |                  | Yes      | No                   |
|                  | (i) unrelated organizations  |   |              |                  |               |             |               |            |                     | 3a(i)            |          |                      |
|                  | (ii) related organizations   |   |              |                  |               |             |               |            |                     | 3a(ii)           |          |                      |
|                  |  |   |              |                  |               |             |               |            |                     | 3b               |          |                      |
| b                | If "Yes" to 3a(II), are the related organization   |   | d on S       | ched             | ule R         |             |               |            |                     |                  |          |                      |
|                  | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the   | ns listed as required<br>e organization's end | dowme        | ent fu           | nds           |             |               |            |                     |                  |          |                      |
|                  | If "Yes" to 3a(II), are the related organization   | ns listed as required<br>e organization's end | dowme        | ent fu           | nds           |             |               | _          |                     |                  |          |                      |
|                  | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the   | ns listed as required<br>e organization's end | dowme        | ent fu<br>irt X, | nds           | r other     | (b)Cost or o  |            | (c) Accur<br>deprec | nulated          | (d) Bo   | ook valu             |
| ar               | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the VI Land, Buildings, and Equipment                                 | ns listed as required<br>e organization's end | dowme        | ent fu<br>irt X, | nds<br>line 1 | r other     |               |            |                     | nulated          | (d) Bo   | ook valu             |
| a r              | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th  t VI Land, Buildings, and Equipme  Description of property        | ns listed as required<br>e organization's end | dowme        | ent fu<br>irt X, | nds<br>line 1 | r other     |               |            |                     | nulated          | (d) Bo   | ook valu             |
| ar<br>a<br>b     | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th  t VI Land, Buildings, and Equipme  Description of property  Land  | ns listed as required<br>e organization's end | dowme        | ent fu<br>irt X, | nds<br>line 1 | r other     |               |            |                     | nulated          | (d) Bo   | ook valu             |
| ar<br>a<br>b     | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th  t VI Land, Buildings, and Equipme  Description of property  Land  | ns listed as required<br>e organization's end | dowme        | ent fu<br>irt X, | nds<br>line 1 | r other     |               | er)        |                     | nulated          | (d) Bo   |                      |
| a<br>a<br>b<br>c | If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the total Land, Buildings, and Equipme  Description of property  Land | ns listed as required<br>e organization's end | dowme        | ent fu<br>irt X, | nds<br>line 1 | r other     | basis (other  | er)        |                     | nulated<br>ation |          | 50,31-<br>4,85-      |

| Part VII Investments—Other Securities. See  | ronni 990, Part X, iiile 1 | 2.                               |
|---|----------------------------|----------------------------------|
| (a) Description of security or category   | (b)Book value              | (c) Method of valuation          |
| (Including name of security) (1)Financial derivatives   |                            | Cost or end-of-year market value |
| (2)Closely-held equity interests  |                            |                                  |
| Other   |                            |                                  |
|   |                            |                                  |
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| Table (Calinary (b) about a superface and Calinary (column) (b) about a superface and column (column) |                            |                                  |
| Part VIII Investments—Program Related. See  |                            | 13                               |
|   |                            | (c) Method of valuation          |
| (a) Description of investment type  | (b) Book value             | Cost or end-of-year market value |
|   |                            |                                  |
|   |                            |                                  |
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|   |                            |                                  |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  |                            |                                  |
| Part IX Other Assets. See Form 990, Part X, lin (a) Descrip   |                            | (b) Book value                   |
| (4) 5 656115  | 21011                      | (D) Book value                   |
|   |                            |                                  |
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|   |                            |                                  |
| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  | 5.)                        |                                  |
| Part X Other Liabilities. See Form 990, Part X  |                            |                                  |
|   |                            |                                  |
| Part X Other Liabilities. See Form 990, Part X  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |
| Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  | , line 25.                 |                                  |

|       | Reconciliation of Change in Net Assets from Form 990 to Financial Stateme  | nts  |        |
|-------|--|------|--------|
|       | Total revenue (Form 990, Part VIII, column (A), line 12)   | 1    |        |
|       | Total expenses (Form 990, Part IX, column (A), line 25)  | 1    | ( II., |
|       | Excess or (deficit) for the year Subtract line 2 from line 1   | 3    |        |
|       | Net unrealized gains (losses) on investments   | 4    |        |
|       | Donated services and use of facilities   | 5    |        |
|       | Investment expenses  | 6    |        |
|       | Prior period adjustments   | 7    |        |
|       | Other (Describe in Part XIV)   | 8    |        |
|       | Total adjustments (net) Add lines 4 - 8  | 9    |        |
| )     |  | 10   | +      |
|       | Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue Per |      | turn   |
|       | Total revenue, gains, and other support per audited financial statements   | 1    | cui il |
|       | Amounts included on line 1 but not on Form 990, Part VIII, line 12   |      |        |
|       | Net unrealized gains on investments  |      |        |
|       | Donated services and use of facilities   | 1    |        |
|       | Recoveries of prior year grants  | 1    |        |
|       | Other (Describe in Part XIV)   | 1    |        |
|       | Add lines 2a through 2d  | 2e   |        |
|       | Subtract line 2e from line 1   | 3    |        |
|       | Amounts included on Form 990, Part VIII, line 12, but not on line 1  |      |        |
|       | Investment expenses not included on Form 990, Part VIII, line 7b . 4a  |      |        |
|       | Other (Describe in Part XIV) 4b  | 1    |        |
|       | Add lines <b>4a</b> and <b>4b</b>  | 4c   |        |
|       | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  | 5    |        |
|       | Reconciliation of Expenses per Audited Financial Statements With Expenses  |      | Retur  |
|       | Total expenses and losses per audited financial statements   | 1    |        |
|       | Amounts included on line 1 but not on Form 990, Part IX, line 25   |      |        |
|       |  |      |        |
|       | Donated services and use of facilities   |      |        |
|       | Donated services and use of facilities   |      |        |
| 1     |  |      |        |
|       | Prior year adjustments   |      |        |
|       | Prior year adjustments   |      |        |
|       | Prior year adjustments   | 2e 3 |        |
|       | Prior year adjustments   |      |        |
| )<br> | Prior year adjustments         2b           Other losses         2c           Other (Describe in Part XIV)         2d           Add lines 2a through 2d            Subtract line 2e from line 1  |      |        |
|       | Prior year adjustments   |      |        |
|       | Prior year adjustments   |      |        |
|       | Prior year adjustments   | 3    |        |

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

# Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. 

▶ Attach to Form 990

OMB No 1545-0047

DLN: 93493068005032

2011

Open to Public Inspection

Employer identification number

| Center for the Study of Carbon Dioxide<br>and Global Change   |   |  |   |  |   | 86-0902777                             |                                       |
|---|---|--|---|--|---|--|---------------------------------------|
| <ul> <li>Part I General Information</li> <li>Does the organization maintain rethe selection criteria used to awa</li> <li>Describe in Part IV the organization</li> </ul> | ecords to substantiate<br>and the grants or assis | the amount of the g                      |   |  |   |  | Г Yes                                 |
| Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule I  | sistance to Gove<br>21 for any recipiei           | rnments and Or<br>nt that received m     | ganizations in the<br>ore than \$5,000. Che | United States. Con<br>eck this box if no one | recipient receiv                                      | ed more than \$5,00                    | 0. Use                                |
| (a) Name and address of organization or government  | <b>(b)</b> EIN                                    | (c) IRC Code<br>section<br>if applicable | (d) A mount of cash<br>grant                | (e) A mount of non-<br>cash<br>assistance    | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| (1) CO2Science2789 E<br>Ridgewood Lane<br>Gilbert, AZ 85298   | 20-2778308  |  | 20,000                                      | 0  |   |  | Scientific research                   |
| See Additional Data Table   |   |  |   |  |   |  |                                       |
|   |   |  |   |  |   |  |                                       |
|   |   |  |   |  |   |  |                                       |
|   |   |  |   |  |   |  |                                       |
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|   |   |  |   |  |   |  |                                       |
|   |   |  |   |  |   |  |                                       |
| 2 Enter total number of section 50:   | 1(c)(3) and governme                              | nt organizations liste                   | d in the line 1 table .                     |  |   |  | 1                                     |

| Use Schedule I-1 (Form 990) if additional space is needed. |                         |                                     |                                   |  |                                       |  |  |  |  |
|--|-------------------------|-------------------------------------|-----------------------------------|--|---------------------------------------|--|--|--|--|
| (a)Type of grant or assistance                             | (b)Number of recipients | <b>(c)</b> A mount of<br>cash grant | (d)A mount of non-cash assistance | (e)Method of valuation<br>(book,<br>FMV, appraisal, other) | (f)Description of non-cash assistance |  |  |  |  |
|  |                         |                                     |                                   |  |                                       |  |  |  |  |
|  |                         |                                     |                                   |  |                                       |  |  |  |  |
|  |                         |                                     |                                   |  |                                       |  |  |  |  |
|  |                         |                                     |                                   |  |                                       |  |  |  |  |
|  |                         |                                     |                                   |  |                                       |  |  |  |  |
|  |                         |                                     |                                   |  |                                       |  |  |  |  |
|  |                         |                                     |                                   |  |                                       |  |  |  |  |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493068005032

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public **Inspection** 

| Name of the organization               |  |
|--|--|
| Center for the Study of Carbon Dioxide |  |
| and Global Change                      |  |

**Employer identification number** 

86-0902777 **Questions Regarding Compensation** Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e g, maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4**c Participate in, or receive payment from, an equity-based compensation arrangement? Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? **5**a Νo Any related organization? 5b Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Νo

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name              |             | (i) Base compensation  (i) Base incentive compensation  (ii) Base compensation  (iii) Other reportable compensation |  | (iii) Other<br>reportable | (C) Retirement and other deferred compensation | <b>(D)</b> Nontaxable<br>benefits | (E) Total of columns<br>(B)(ı)-(D) | ( <b>F</b> ) Compensation<br>reported in prior<br>Form 990 or<br>Form 990-EZ |
|-----------------------|-------------|---|--|---------------------------|--|-----------------------------------|------------------------------------|--|
| (1) Robert E Ferguson | (ı)<br>(ıı) | 248,780   |  |                           |  |                                   | 248,780                            |  |
|                       |             |   |  |                           |  |                                   |                                    |  |
|                       |             |   |  |                           |  |                                   |                                    |  |
|                       |             |   |  |                           |  |                                   |                                    |  |
|                       |             |   |  |                           |  |                                   |                                    |  |
|                       |             |   |  |                           |  |                                   |                                    |  |
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|                       | ·           |   |  |                           |  |                                   |                                    |  |
|                       |             |   |  |                           |  |                                   |                                    |  |
|                       |             |   |  |                           |  |                                   |                                    |  |

## Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|            |                  |             |

Schedule J (Form 990) 2011

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DLN: 93493068005032

OMB No 1545-0047

Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions with Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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|               | t <b>he organization</b><br>the Study of Carbon Dioxide<br>I Change |                    |             | Employer identification number |                   |                  |                         |             |                     |  |
|---------------|---|--------------------|-------------|--------------------------------|-------------------|------------------|-------------------------|-------------|---------------------|--|
| Part I        | Excess Benefit Tran   |                    |             |                                |                   |                  |                         | ne 40b      |                     |  |
| 1             | (a) Name of disq  | ualıfıed person    |             |                                | <b>(b)</b> Desc   | cription of trai | nsaction                |             | <b>c)</b><br>ected? |  |
|               |   |                    |             |                                |                   |                  |                         | Yes         | No                  |  |
|               |   |                    |             |                                |                   |                  |                         |             |                     |  |
|               |   |                    |             |                                |                   |                  |                         |             |                     |  |
|               |   |                    |             |                                |                   |                  |                         |             |                     |  |
|               |   |                    |             |                                |                   |                  |                         |             |                     |  |
|               |   |                    |             |                                |                   |                  |                         |             |                     |  |
|               | er the amount of tax impos<br>tion 4958                             | ed on the organ    |             |                                | disqualified pers |                  | _                       | •           |                     |  |
| <b>3</b> Ente | er the amount of tax, if any  | , on line 2 , abov | e, reimburs | ed by the                      | e organization .  |                  | <b>&gt;</b> \$          |             |                     |  |
| Part II       | Loans to and/or f   |                    |             |                                | Part IV, line 26  | , or Form 990    | )-EZ, Part V , line 38a | ì           |                     |  |
|               |   | (b) Loan to        |             |                                |                   | (e) In           | (f)                     | (a)\//ritte | n                   |  |

| (a) Name of interested person and purpose | (b) Loan to or from the |      | "Yes" on Form 990,  (c)Original principal amount | (d)Balance due | <b>(e)</b> In |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|---|-------------------------|------|--|----------------|---------------|----|-------------------------------------|----|-----------------------|----|
|   | То                      | From |  |                | Yes           | No | Yes                                 | No | Yes                   | No |
| (1) Craig D Idso<br>Construct facilities  |                         | Х    | 40,400   |                |               | No | Yes                                 |    | Yes                   |    |
|   |                         |      |  |                |               |    |                                     |    |                       |    |
|   |                         |      |  |                |               |    |                                     |    |                       |    |
|   |                         |      |  |                |               |    |                                     |    |                       |    |
|   |                         |      |  |                |               |    |                                     |    |                       |    |
|   |                         |      |  |                |               |    |                                     |    |                       |    |
| Total                                     |                         |      | <b>&gt;</b> \$                                   |                |               |    |                                     |    |                       |    |

Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | <b>(b)</b> Relationship between interested person and the organization | (c)A mount of grant or type of assistance |  |  |  |  |  |
|-------------------------------|--|---|--|--|--|--|--|
|                               |  |   |  |  |  |  |  |
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|                               |  |   |  |  |  |  |  |
|                               |  |   |  |  |  |  |  |

| Complete if the organization  | <u> </u>   |                               | ne 28a, 28b, or 28c.           |   |    |  |
|-------------------------------|--|-------------------------------|--------------------------------|---|----|--|
| (a) Name of interested person | (b) Relationship<br>between interested<br>person and the | (c) A mount of<br>transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |  |
|                               | organization   |                               |                                | Yes                                     | No |  |
|                               |  |                               |                                |   |    |  |
|                               |  |                               |                                |   |    |  |
|                               |  |                               |                                |   |    |  |
|                               |  |                               |                                |   |    |  |
|                               |  |                               |                                |   |    |  |
|                               |  |                               |                                | 1                                       |    |  |

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-EZ) 2011

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Center for the Study of Carbon Dioxide and Global Change **Employer identification number** 

86-0902777

| ldentifier                 | Return Reference   | Explanation                          |
|----------------------------|--|--------------------------------------|
| Form 990, Part VI, Line 19 | Form 990, Part VI, Line 19 Other Organization Documents Publicly Available | No documents available to the public |
| Form 990, Part VI, Line 11 | Form 990, Part VI, Line 11 Form 990 Review Process                         | Form reviewed by key officers        |

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DLN: 93493068005032

2011

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE R** (Form 990)

**Related Organizations and Unrelated Partnerships** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Internal Revenue Service

Department of the Treasury

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Name of the organization **Employer identification number** Center for the Study of Carbon Dioxide and Global Change 86-0902777

| (a)<br>Name, address, and EIN of disregarded entity  | <b>(b)</b><br>Primary activity       | (c)<br>Legal domicile (stat<br>or foreign country)  | ( <b>d)</b><br>e Total income | (e)<br>End-of-year assets                       | <b>(f)</b><br>Direct controlling<br>entity |   |      |
|--|--------------------------------------|---|-------------------------------|---|--|---|------|
|  |                                      |   |                               |   |  |   |      |
|  |                                      |   |                               |   |  |   |      |
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|  |                                      |   |                               |   |  |   |      |
| Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during | izations (Complete<br>the tax year.) | ıf the organizatio                                  | n answered "Yes"              | ' on Form 990, P                                | art IV, line 34 becau                      | se ıt had   | one  |
| (a)<br>Name, address, and EIN of related organization  | <b>(b)</b><br>Primary activity       | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code section    | (e) Public charity status (if section 501(c)(3) | (f)<br>s Direct controlling<br>)) entity   | (g)<br>Section 512(b)(3<br>controlled<br>organization |      |
|  |                                      |   |                               |   |  | Yes   | No   |
| (1) CO2Science   |                                      |   |                               |   |  |   |      |
| 2789 E Ridgewood Lane Gilbert, AZ 85298  | Scientific Research                  | AZ  | 501(c)(3)                     |   | N/A  |   | No   |
| 20-2778308   |                                      |   |                               |   |  |   |      |
|  |                                      |   |                               |   |  |   |      |
|  |                                      |   |                               |   |  |   |      |
|  |                                      |   |                               |   |  |   |      |
|  |                                      |   |                               |   |  |   |      |
|  |                                      |   |                               |   |  |   |      |
| For Privacy Act and Paperwork Reduction Act Notice, see the Instruct                               | ions for Form 990.                   | Cat No 5  | <u> </u><br>  0135Y           |   | Schedule R ()                              | Form 990  | 2011 |

| Schedule R ( | Form 990   | )2011 |     |  |     |   |     |     |     |     | Р |
|--------------|--|-------|-----|--|-----|---|-----|-----|-----|-----|---|
|              | Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) |       |     |  |     |   |     |     |     |     |   |
| (a)          |  |       | (c) |  | (e) | m | (a) | (h) | (i) | (j) |   |

| (a)<br>Name, address, and EIN<br>of<br>related organization | <b>(b)</b><br>Primary activity | (c) Legal domicile (state or foreign country) | <b>(d)</b><br>Direct controlling<br>entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | <b>(f)</b><br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h<br>Disprop<br>allocat | rtionate | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | <b>(j</b><br>Gener<br>mana<br>partr | al or<br>ging | <b>(k)</b><br>Percentage<br>ownership |
|---|--------------------------------|---|--|--|--|---|--------------------------|----------|---|-------------------------------------|---------------|---------------------------------------|
|   |                                |   |  |  |  |   | Yes                      | No       |   | Yes                                 | No            |                                       |
|   |                                |   |  |  |  |   |                          |          |   |                                     |               |                                       |
|   |                                |   |  |  |  |   |                          |          |   |                                     |               |                                       |
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|   |                                |   |  |  |  |   |                          |          |   |                                     |               |                                       |
|   |                                |   |  |  |  |   |                          |          |   |                                     |               |                                       |
|   |                                |   |  |  |  |   |                          |          |   |                                     |               |                                       |
|   |                                |   |  |  |  |   |                          |          |   |                                     |               |                                       |
|   |                                |   |  |  |  |   |                          |          |   |                                     |               |                                       |
|   | ication of Related             |   |  |  |  |   |                          |          | swered "Yes" on F   | orm 9                               | 990, F        | Part IV,                              |

|   |                                       | · ·  | ·                                   | · ·  | •                               |  |                                       |
|---|---------------------------------------|--|-------------------------------------|--|---------------------------------|--|---------------------------------------|
| (a)<br>Name, address, and EIN of related organization | <b>(b)</b><br>Primary activity        | <b>(c)</b> Legal domicile (state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>Income | (g)<br>Share of<br>end-of-year<br>assets | <b>(h)</b><br>Percentage<br>ownership |
|   |                                       |  |                                     |  |                                 |  |                                       |
|   |                                       |  |                                     |  |                                 |  |                                       |
|   |                                       |  |                                     |  |                                 |  |                                       |
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|   |                                       |  |                                     |  |                                 |  |                                       |
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|   | · · · · · · · · · · · · · · · · · · · |  |                                     |  |                                 |  |                                       |

|            | Note. Complete line 1 if any entity is listed in Parts II, III or IV   |  |                        |  | Yes | No  |  |  |
|------------|--|--|------------------------|--|-----|-----|--|--|
| <b>1</b> D | ırıng the tax year, dıd the orgranızatıon engage ın any of the following transactions with one or more related organ | izations listed in Parts               | s II-IV?               |  |     |     |  |  |
| а          | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity                            |  |                        | 1a   |     | No  |  |  |
| b          | <b>b</b> Gift, grant, or capital contribution to related organization(s)   |  |                        |  |     |     |  |  |
| c          | Gift, grant, or capital contribution from related organization(s)  |  |                        | <b>1</b> c                                   |     | No  |  |  |
| d          | Loans or loan guarantees to or for related organization(s)   |  |                        | 1d   |     | No  |  |  |
| е          | Loans or loan guarantees by related organization(s)  |  |                        | <b>1</b> e                                   |     | No  |  |  |
| f          | Sale of assets to related organization(s)  |  |                        | 1f   |     | No  |  |  |
| g          | Purchase of assets from related organization(s)  |  |                        | <b>1</b> g                                   |     | No  |  |  |
| h          | Exchange of assets with related organization(s)  |  |                        | 1h   |     | No  |  |  |
| i          | Lease of facilities, equipment, or other assets to related organization(s)   |  |                        | 1i   |     | No  |  |  |
| j          | Lease of facilities, equipment, or other assets from related organization(s)   |  |                        | 1j   |     | No  |  |  |
| k          | Performance of services or membership or fundraising solicitations for related organization(s)                       |  |                        | 1k   |     | No  |  |  |
| 1          | Performance of services or membership or fundraising solicitations by related organization(s)                        |  |                        | 11   |     | No  |  |  |
| m          | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)                        |  |                        | 1m   |     | No  |  |  |
| n          | Sharing of paid employees with related organization(s)   |  |                        | 1n   |     | No  |  |  |
| 0          | Reimbursement paid to related organization(s) for expenses   |  |                        | 10   |     | No  |  |  |
| р          | Reimbursement paid by related organization(s) for expenses   |  |                        | <b>1</b> p                                   |     | No  |  |  |
| q          | O ther transfer of cash or property to related organization(s)   |  |                        | 1q   |     | No  |  |  |
| r          | Other transfer of cash or property from related organization(s)  |  |                        | 1r   |     | No  |  |  |
| 2          | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in  | ıcludıng covered relatı                | onships and transacti  | on thresholds                                |     |     |  |  |
|            | (a)<br>Name of other organization  | <b>(b)</b><br>Transaction<br>type(a-r) | (c)<br>Amount involved | <b>(d)</b><br>Method of determin<br>involved | _   | unt |  |  |
| 1)         |  |  |                        |  |     |     |  |  |
| 2)         |  |  |                        |  |     |     |  |  |
| 3)         |  |  |                        |  |     |     |  |  |
|            |  |  |                        |  |     |     |  |  |
| 4)         |  |  |                        |  |     |     |  |  |
| 5)         |  |  |                        |  |     |     |  |  |
|            |  |  |                        |  |     |     |  |  |
| 5)         |  |  |                        |  |     |     |  |  |

#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| Tevende, that was not a related organization. See instructions regulating exclusion for certain investment partnerships |                                |   |   |  |    |   |  |                                  |    |   |   |                                       |
|---|--------------------------------|---|---|--|----|---|--|----------------------------------|----|---|---|---------------------------------------|
| <b>(a)</b><br>Name, address, and EIN of<br>entity   | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d) Predominant Income(related, unrelated, excluded from tax under sections 512- 514) | , partners<br>section<br>501(c)(3)<br>organizations? |    | (f) Share of total income (g) Share of end-of-year assets |  | (h) Disproprtionate allocations? |    | (i)<br>Code V—UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? | <b>(k)</b><br>Percentage<br>ownership |
|   |                                |   | 314)  | Yes  | No |   |  | Yes                              | No |   | Yes No                                    |                                       |
|   |                                |   |   |  |    |   |  |                                  |    |   | · · · ·                                   |                                       |
|   |                                |   |   |  |    |   |  |                                  |    |   |   |                                       |
|   |                                |   |   |  |    |   |  |                                  |    |   | -   |                                       |
|   |                                |   |   |  |    |   |  |                                  |    |   | -   |                                       |
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|   | l .                            |   |   | l  | l  |   |  |                                  | l  |   | •   |                                       |

**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 86-0902777

Name: Center for the Study of Carbon Dioxide

and Global Change

Schedule R (Form 990) 2011

Page **5** 

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference  | Explanation |
|------------|-------------------|-------------|
| Tuchen ici | Recuiii Reference |             |

#### **Additional Data**

**Software ID:** 11000144

**Software Version:** 2011v1.2

**EIN:** 86-0902777

Name: Center for the Study of Carbon Dioxide

and Global Change

#### Form 990, Special Condition Description:

### **Special Condition Description**